

930

er of each, in order of birth, stated. This certificate must be filed by the attending with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		183	State Index No.	1082
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		Co. Register No.		407
Town of <u>Globe</u>	Local Registrar's No.				
City of <u>Globe</u>	(No. _____)	St; _____	Ward) _____		
FULL NAME OF CHILD <u>Aldo Raboglatte</u>		Born		YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive		NO	
Sex of Child <u>M</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec 16</u> 191 <u>6</u>
FATHER		MOTHER			
Full Name <u>Dominick Raboglatte</u>		Full Maiden Name <u>Isabella Perino</u>			
Residence <u>P.A. Ave</u>		Residence <u>P.A. Ave</u>			
Color or Race <u>W</u>		Age at last Birthday <u>33</u> (Years)		Color or Race <u>W</u>	
Birthplace <u>Italy</u>		Age at last Birthday <u>27</u> (Years)		Birthplace <u>Italy</u>	
Occupation <u>Merchant</u>		Occupation <u>Housewife</u>			
Number of child of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 16</u> 191 <u>6</u> , at <u>7 P.M.</u>					
{ *When there is no attending physician or midwife, then the householder should make this return.			(Signature) <u>R. J. Kennedy</u>		
Given or christian name added from a supplemental report _____ 191_____			(Attending physician, midwife, householder *)		
Address _____					
Filed <u>Dec 20</u> 191 <u>6</u>			LOCAL REGISTRAR.		
198-1216-976			A True Copy		
COUNTY REGISTRAR.			COUNTY REGISTRAR.		